STATE OF MARYLAND

Indiana University of the Constant Forestant the second of th was open or the soul of the soul of the

		CEASED NAME OR PRINT)	FIRST				ICATE OF DEATH	REG. N	0.		
6/	J. 3C.		GRACE	C.	ASHER		AST	August 3	1, 1981		HOUR 5450 M
(2)		Female		Whit			19, 1905	77	YRS YRS	_	URS MIN.
A (VE.	M	RTHPLACE (STATE OR COUNTRY)		USA		WIDOWE		9 BALTIMORE CITY O	County		MD.
60		aPlata	ATH	Route Route	HOSPITAL, NURS IN CH PACILITY, GIVE STREET	G HOME C	, Mitchell	120 USUAL OCCUPATION OF WORKFORMOSTOR HOMEN	ON 12 DE WORKING LIFE) IN Naker	b. KIND OF BU DUSTRY Home	SINESS OR
35	Ma	AL RESIDENCE (IF NUR STATE ryland	136 COUNT Char	les	GIVE RESIDENCE BEFORE 13. CITY OR TOW LaPlata	ADMISSION) N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS t. 4, Bo	c 4110,	Mith	ell R
680	J	ther's NAME esse Vin	son	IDDLE	LAST		Cora Lu	Shaw		LAST	
medico		VAS DECEASED EVER (ES, NO OR UNKNOWN)	(IF YES CAVE	MED FORCES? WAR OR DATES)			Jackie Ro	v - Same A		-E	
s prior to buriol, cremotron, or s ony injury, or other troumoti	CERTIFICATION	Conditions, if ony gove rise to im couse (o), stotil underlying couse PART 2 OTHER SIGI	mediote ng the e lost NIFICANT CO	DUE TO, O	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		DITION GIVEN IN	RE FINDINGS	
8 show	ERTIF	21a. ACCIDENT WAS UN	DERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR	YES NOTER NATURE OF INJUI	YES	N	0 🗍
rked or Item 1	MEDICAL	OR CONTRIBUTING [[IF EITHER NOT IFY MEDI 21d INJURY OCCUR WHILE NOT WI AT WORK AT WO	RED	P 21e PLACE (AT HOME ST	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19 LRM, ETC)	211 LOCATION STREET	CITY OR TO		OUNTY	STATE
IMPORTANT: If Item 21 is mo		220.1 certify that (1) sow the decease obove.(1) pue) (2 27b. SIGNATURE 27d. PHYSICJAN'S N.	lam lam	y Ce	form, V	, ,,	nd that in (my) (our) opinion	death accurred on the description of the descriptio	ote and hour and	31 Augu	VED.
2 3	Re	urial, cremation, specify, moval JNERAL DIRECTOR		Aug.	31, 1981	Mt.	EMETERY OR CREMATORY Zion Ceme	23d LOCATION CITY OR TOWN	cou		STATE

that the second of the second omety that to the second of th edeled Codes Tilitie depletement to 1 Codette, 5115 xo , 6 september 155115 acylond theries dealers we are to the for him, differed Re Jesas Vincon II vad. 111 ETG. The state of the s .on town Indeed Leverna Pur 31, 1981 at. Nion Constony Solies, Middler bill old Alexander Ferry Road, Glinton, U

		FOR		1	DEPARTMEN		MARYLAND H AND MENT	AL HYGIE	9	2 1	3 2	9
		REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	MINER'S	CERTIFICAT	TE OF DE	ATH REG.		DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	7 117 7 17 37	. A	MAD TIE	10 /	ARNES		OF ESTI-		2-81	
	1 SEX	16.	RACE	5. DATE OF BIRTH	MARTE 6. AC	E (IN YEARS IF U		NDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	29 H2158
		1-	h look	March 9		YRS.	THS DAYS HOL	JRS MIN.	PRONOUNCED DEAD	8-2	2-81	рм
-	fa Bl	male THPLACE ISTAIL	black	76. CITIZEN OF WI	AT COUNTRY?		RIED NEVER	AADDIED X	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
6		arylan	đ	USA		WIDO		VORCED	Charles	County		MD.
7		Y OR TOWN OF		11. NAME OF HOS			HER INSTITUTION		UAL OCCUPATION MOST OF WORKING LIFE)		OR INDUST	SINESS
4	Tot	lata		Physicia	CILITY, GIVE STREET A		spital		Student			
	USU A	L RESIDENCE (IF	IN NURSING HOME O	R OTHER INSTITUTION, GI	VE RESIDENCE BEFOR	ADMISSION)	113d. INSIDE CITY LIN		REET ADDRESS			
1		ryland		arles		Point			NONE			
-		THER'S NAME					15. MOTHER'S /				LAST	
	Jo	hn	Me	lvin	Barr	es Jr.	Heler		Jess		Smot	hers
,	16a. W		VER IN U.S. ARA	AED FORCES?	166 SOCIAL S	ECURITY NO.	17. INFORMAN	T	ADDR	ESS Gene	eral De	-1.
	(10	NO.	(IF YES, GIVE	WAR OR DATES)	unkno	wn	Helena	T. G	ooseberr			
		18. CAUSE OF E	DEATH (Enter onl	y one couse per line							APPROXIMATE BETWEEN ONSE	INTERVAL
		PART I DEAT	TH WAS CAUSED	D BY: E CAUSE (a) Mu	ltiple_i	niuries						
	3	8/7	7	DUE TO, OR	AS A CONSEQ	JENCE OF						
	-		"if any, which to immediate	(b)								
			ating the under-	DUE TO, OR	AS A CONSEQU	JENCE OF						
	- 10	lying cause	lust.	(c)								
	z	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	ISE OR CONDITION GIVE	N IN PART 1 (a).				
1	5	190. DATE OF O	PERATION	119b. CONDI	TION FOR WHIC	H OPERATION '	WAS PERFORMED)?			20 AUTOPSY	?
J	FIC			1							YES 🔀	NO 🗆
7	CERTIFICATION	210. EXTERNAL	CAUSE WAS	216. TIME OF			HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR PAR		.,,
5		UNDERLYING	X OR G □ CAUSE OF E	7. 51 701	M 8-22	81 De	destrian	strucl	k by auto			
	MEDICAL	21d. INJURY OC		21e PLACE	OF INJURY (AT	HOME, 211. L	OCATION					
	A A	WHILE AT WORK	NOT WHILE	h igh	Way ARM, ETC.)	Rt	.257 nea	r Cedan	r Lane Ro	ck Poin	nt, Mary	land
			AT WORK									
1				e of the remoins des				pection	Inquiry L.J.	and in my ap	inian	
1		, death resulted	from Horon	O COUNTY	Accident X	Suicide L	, Hamicide		termined monner			
		ACTUAL	111	man	119/10	1 -	TITLE (SPECI		DICAL EXAMINER	DATE	8-24	-81
-		SIGNATURE		11-00	The same	1	M.D. DE PULY	GI TEWE	DICAL EXAMINER	SIGNE	D	01
1	-	EXAMINER'S N		7			ADDRESS 1	11 Don	n Street			
_	73a D	(TYPE OR PRINT	ON, REMOVAL 2		ith, M.		_ADDRESSI OR CREMATORY	123d L	OCATION			
	(3	Buri	_	8-26-81			Ch.Cen	CIT	YORTOWN	Cha	arles i	Md.
		UNERAL DIRECTO	OR			GHOSC	125e.	DATE REC'D. B	BY REGISTRAR			
	TH	ornton	's Fund	eral Hon	ne Pon	onkey,		UG 26	1981 Man	w Gla-	Marchin	
										- (/		

Ale of a little of the state of No. 2 - A Date of Duk

Viegipy . F.2.1 - TelgalV 1-1-2- Cales Clerk Sept. Store distribute the same and the same of the sa John V. Cor-to Lense And I all the test to the steel former, Virginia

STATE OF MARYLAND

	1-	STATE REGISTRAR			DEPA		ICATE OF DEATH	HYGIEN	REG. N	IO.		
		CEASED NAME	FIRST		MIODLE		AST	20.	DATE OF DEATH		DAY YEAR	25 HOUR
	(TYPE	OR PRINT)	E11a	Eli	zabeth	Cof	er	7/19	August	17,1	981	3;15 P
	3. SEX	х		4 RACE		5. DATE C		6. A	GE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		Female		Black	k	May			67	YRS.	WOIALH? DATS	MIN.
25		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTE	RY? 8.	D NEVER MARRIED	9 B	ALTIMORE CITY	OR COUNT	TY OF DEATH	
25		aryland		USA		WIDOWE	DIVORCED			Ch	arles	MD.
, ,	10 CI	ITY OR TOWN OF DE	ATH		HOSPITAL, NUR		OR OTHER INSTITUTION		. USUAL OCCUPAT			OF BUSINESS OR
100		a Plata		Physic	ians M	lemori	al Hospita	27	ousewif			Private
20	13a. S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS		STREET ADDRESS	196.5	3.4	
15	M	aryland	Char	les	Indi	an Hea			09 Wood	land	Road	
03		THER'S NAME		ALIDDI F			15. MOTHER'S MAIDEN	NAME	MIODLE		. = - (A)	ST.
80		John".		-10	Hawk	ins	Liza				Milbur	'n
	16e. V	NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES)	166 SOCIAL SE 218-1		NFORMANT A Vivian	T 1	ADDR Hagans	Sog y	Woodlar an Head	d Road
							Tr. VIVIGII		- agains	Inarc		
-		18. CAUSE OF DEAT PART I. DEATH W	H (Enter or VAS CAUSE	D BY:	line for (o) (b),	and (cl.)	2000	A 2 4 0	Cur.	1		ONSET AND DEATH
		15-15	IMMEDIA'	TE CAUSE (o) 1	Mexa	2101	CO Cora		3 1	0/		,
		1007		DUE TO, O	R AS A CONSE	DUENCE OF		-	250k	100	ine	1
		Conditions, if any gove rise to imi		(b)				-	/)	
		cause (a), statu underlying cause		DUE TO, O	R AS A CONSE	DUENCE OF					1 1 1 3	
		DART 2 OTHER CIC		(c)	ANTOIOUTING 1	IO DE ATIL DUE	NOT RELATED TO THE T	75044114	. D. K. F. L. C. D. C. C.	10.17.00.1.0	0.51.01.01.07.1	
	N	PART 2. OTHER SIGN	MIFICANT	CONDITIONS <u>CC</u>	JN I KIBUTING I	IO DEATH BUT	NOT RELATED TO THE T	IEKMINA	L DISEASE OR COP	IDITION G	IVEN IN PART I	a i
	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	TION FOR WHI	ICH OPERATIO	N WAS PERFORMED	1:	200 AUTOPSY?		ES, WERE FINDII	
2	FE							,	YES IN NOTOK		TIFYING CAUSES	OF DEATH?
03	CER	210. ACCIDENT WAS UN	DERLYING [21c. HOW INJURY OCC					
7		OR CONTRIBUTING [NIII	M. MONTH	DAY YEAR						
1	MEDICAL	21d. INJURY OCCUR		21e. PLACE		17	211 LOCATION					
153	¥	WHILE NOT WE	HILE D	(AT HOME, STR	EET, FACTORY, OFFI	CE, FARM, ETC)	STREET		CITY OR TO	OWN	COUNTY	STATE
239		220-1 certify that (I)		ital) attended th	e_deceosed from	m	7 19	8	to_ 5/	17	19	that (I) (we) last
		saw the deceas abave (t) (we) (ed artive on	8/	19	8 .01	nd that in (my) (our) opin	nion deat	h occurred on he c	lote and ha	our and from the	couses stated
		226. SIGNATURE	ara) (ara na	t lew the body	offer deom.		DEGREE	200		4.5	22c. DATE	SIGNED
		De	en	2(1)	oth	~~	THY ATTENDING	IG M	NEDICAL STA		18/1	7/3/
	100	224 PHYSICIAN'S N	AME (TYPE	OR PRINT)	13/		22e ADDRESS	1	L		1 .2	141
1			0	MM.	UEN	,	1200	10	o,	M	1. 60	6 / 6.
		BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATO	ORY	THE LOCATION		COMMEN	M same
		Burial			100000000000000000000000000000000000000	St. Ch	The second second second	auc	Glymon	1/1	lan Tea	Md.
	24 FU	UNERAL DIRECTOR	n Th	ornton,	IOTH O AOORES	RARA	1 Box 115	- PARTE	T'IL BARE THER A	75岁年代	TRAR SIGNAT	URE

Thornton Home Rome Rinkley, Box d.

DHMH-16 30M 2/80 (VRA 15, 4)

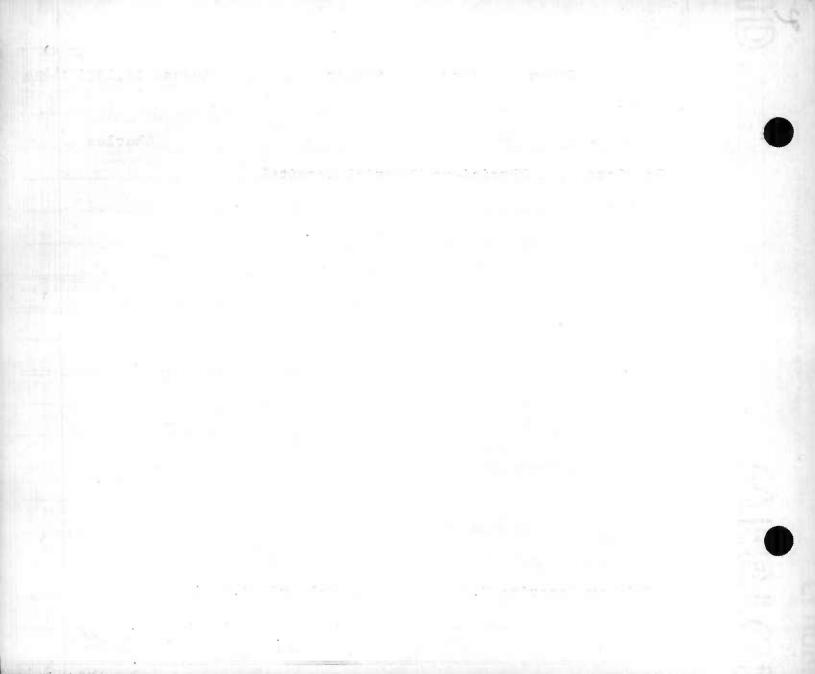
BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical backmined must be partied

In the contract of a contract of the contract

	1-	FOR STATE REGISTRAR	G559 9/	(22/8)	I	DEPAR.	S TMENT (EXAM	OF HEA	S CE	RTIFIC	ENTAL			RE	2 G. NO.	1	3	3	2
	{TYP	CEASED NAME E OR PRINT)	Carl			middle hard			Cool	ney			20. DAT OF DEAT		D 0	MONTH 8	18	19 8°	1
	3. SEX	ale	White	S. DATE OF	30		_		F UND	DAYS	HOURS	MIN'	DE	AD AD		MONTH 8	19	19 8°	0 47
35	FOI	RTHPLACE (STA REIGN COUNTRY) MD		76 CITIZEN		USA	INTRY?		ARRIED	Arrests.	VER MARR	ED 🗴	Ch	arle:	s Co	unt	У	HTASC	М
VAL.	La	Plata	- 7	Phys	I CIE	INS V	URSING HE STREET ADDR 1 OM 1	al H		ita!	TION			CES II		F WORK	CHE	ND OF B R INDUS S RA	STRY LNCH
35	USUA 13a. S1	RESIDENCE (IF IN NURSING HOME C	LVERT	TUTION, GI	13 PA	WWO EXAMINATED IN MORE ADMINISTRATION OF THE PARTY OF THE	AISSION) 'N CK	13	d. INSIDE (I	NO 🛣	13e. STR	EET ADI	RESS E #4					
10	I	THER'S NAME FIRST Lugene	_	MIDDLE		oone	LAST y			LĊ	R'S MAID IRST UISE			MIDDLE			МО	NGEF	{
2	16a. W (YE	AS DECEASED	EVER IN U.S. ARA	MED FORCE WAR OR DATES			-40=8			ORRA	INE I		BOX .	596 ^{ADI} PRIN		FREI	DERI	CK,	MD,
01 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	No.	gove rise cause (o) lying caus	s, if ony, which a ta immediate stating the <u>under-elast</u> .	DUE (c	TO, OR		DNSEQUEN		ISEASE OI	R CONDITION	N GIVEN IN PA	ART 1 (a).							
7	CERTIFICATION	19a. DATE OF	OPERATION	19b.	CONDIT	TION FOI	R WHICH C	PERATIO	NWAS	S PERFOR	MED?			20 AUTOPSY3					
3	MEDICAL CERT		OR G CAUSE OF I	DEATH 7:	00	. MONT		81	sub	ject	occurri thro						ART 2)		grate
5	MED	21d. INJURY OF WHILE AT WORK		SI		OF INJUR FORY, FARM OF			Pat	EET	t Riv	er,	ene Bene	dict	, Ch	arľ	es,	Mar	y land
582	/-	death results	NAME Thomas	Moc	0	Du	X/	suicide	_ m.b.	Hamic Depu	Inspection in the last of the	Under		Monner	<u> </u>	DATE SIGNI	8, IED	/19/ MD.2	
BALL	23a.B\	JRIAL, CREMAT PECIE BURIA	ION REMOVAL 2	36 PATE B/22/8	31		BROO!		RY OR (CREMATO	ORY	23d. LC	OCATIO! OR TOWN	N		cou	ECIL		STATE MD
5))	-	INERAL DIRECT	OR BORGWA	RDT	ADDRESS PC		REPUB	LIC,	MD.		250. DATE	1 1 2 1 1	REGIST		REGIST		SKINA	lear	Stari Sin

CONTRACTOR OF THE PROPERTY OF

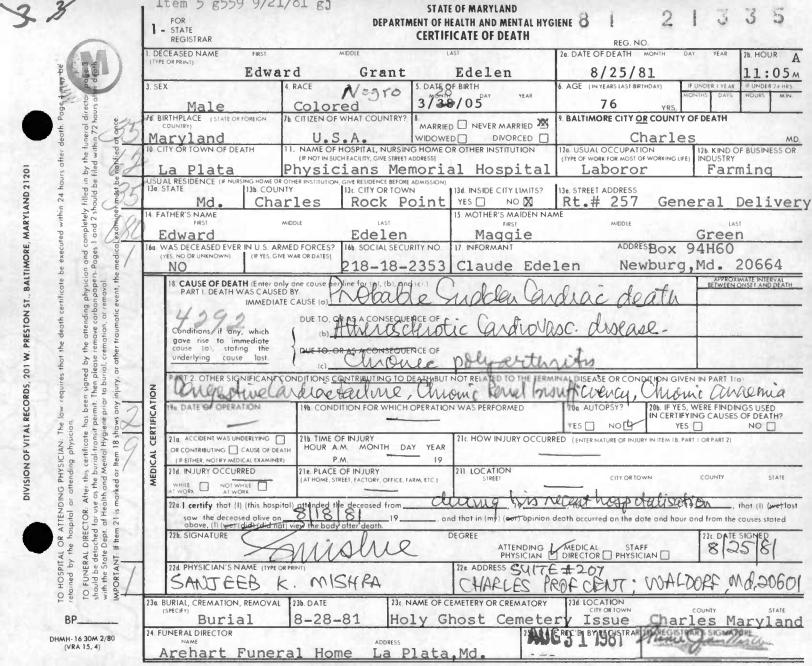


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TE MONTH (TYPE OR PRINT) OF ESTI-Robert David Correll 1981 24 4. RACE IF UNDER 24 HRS DATE PRONOUNCED male white 9-10-1956 24 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [Washington D.C. DIVORCED Charles County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS (IF NOT IN SUCH FACILITY, CIVE STREET ADDRESS)

Physician's Memorial Hospital La Plata Mechanic B.G. & E. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) lad. INSIDE CITY LIMITS? Box 13 Locks Crossing Rd. Charlotte Halles 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Diane Robert Paul Correll Wray Duffey 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17 INFORMANT Berredfict, Md 20612 NO 217-72-9650 Father-Bx. 57 Benedict Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 4:30pm 8/24 driver of motorcycle in collision with auto. CONTRIBUTING CAUSE OF DEATH 1981 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAFTIMORE, MARYLAND, 21201 P Rt231, Westof Bucktown Rd, Hughesville, Chas. Co, MD WHILE AT WORK roadway 220 I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted frami Undetermined manner TITLE (SPECIFY) 8/25/81 Assistant EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Balto, MD 21201 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Cremation 8 - 25 - 81Lee Funeral Home Cr. Washington D.C. Wash.

[250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE] 24. FUNERAL DIRECTOR **DHMH-17** AUG 2 1 Huntt Funeral Home Waldorf, Maryland (VR A15 ME (5) 15M 2/80

The state of the s The state of the second st explanation theory of the English to the English of State Inteled tribers No. 10 VA 25 The Total Date of the Company of the C . Market and the contract of t Elizabeth and the street on a contra 10 1 min 12 min 2 Bill talked that and wellbook and your fernance and Indian continued but the state of t



ar Itamu the state of the s Add Actions 197 H. 25 M. M. M. M. Statut Sonet M. 251 M. 251 M. 261 M. 261 M. Prince-2253 Claude inclaim relation Street Miles Dockal M-28-61 Holy Giost Careterly Same Carles Continue accharg Sunegal Home Ita Place, Mi.

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HY
REGISTRAR	CERTIFICATE OF DEATH

1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE B	2		3 6
	CEASED NAME	FIRST	1	MIDDLE	L.	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE	OR PRINT) HOW	e11		Barron	E11:	iott	August	10.	1981	5:15R
3. SE	X		4. RACE		5. DATE C		6. AGE IN YEARS LAST B		MONTHS DAY	
	male		whit	e	MONTH	DAY YEAR	63	YRS		S HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
Wa	shington				WIDOWE	D DIVORCED	Charl	es		MD
	TY OR TOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other institution al Hospital	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Plumbe	OF WORKING	SUFE) INDUSTR	of BUSINESS OR RY nbing Co
USU. 13a. S	AL RESIDENCE (IF NURS	13b. COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	#1 Firs			
14. FA	THER'S NAME	,	WIDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME			LAST
	William	н.	Elliot	t		Margare	et			lges
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDI	RESS		
	Yes	W	WII	579-10	-3136	Gladys Ell	liott sa	me a		OXIMATE INTERVAL EN ONSET AND DEATH
NOIL	Bra	which nediote ig the lost.	DUE TO, OI (c) ONDITIONS CO	from	ENCE OF DEATH BUT Carre	not related to the term well Anoxic	٦.			
IFICA	190. DATË OF OPERAT	TION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CER	YES, WERE FINI TIFYING CAUS YES []	DINGS USED ES OF DEATH?
MEDICAL CERTIFICATION	21a, ACCIDENT WAS UND OR CONTRIBUTING CORTRIBUTING CORTRIBUTING CORTRIBUTING CORTRIBUTING CORTRIBUTING CORTRIBUTING CORTRIBUTION CORTRI	CAUSE OF DEA	P.J	M. MONTH DA M.	19	21c. HOW INJURY OCCURR 211. LOCATION STREET		URY IN ITEM 1		
	22a. I certify that (I) sow the decease above, (I) (we) (d 22b. SIGNATURE	ed alive an.	8-	10-195	, , ,	nd that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN		AFF	our and from t	the causes stated TE SIGNED
	22d. PHYSICIAN'S NA	AME (TYPE O	PRINT)			22e ADDRESS				
	Girija	Rat	h, M.D	,		La Plata	, Md. 20	646		
	BURIAL, CREMATION,		23b. DATE 8-13			Memorial (23d. LOCATION CITY OR TOWN	1.dor	COUNTY	STATE - Md .

BP. DHMH-16 30M 2/80

24 FUNERAL DIRECTOR NAME (VRA 15, 4)

ADDRESS

DATE REC D. BY REGISTRAD IN REGISTRADIS CHESINATURE

La Plata, Md. Arehart Funeral Home

millionis committee leaders and the second and second second Hd. Achacina Indian Hear we have a limit atreet and defensed 100 Storifa H melifity William mana acolified sympto to the line of the line Bit . samp richtes minich lainens velhilit de 181-81 . Meine Azabart Student Hole La Blain Caranis

Joseph .vod .k.v. reenigne flyid (2 - w to book with the book against the continue of 127 KON william J. Frere, Sr. . . . Josephine Digition be Jack, sem lucs, Vir xos 220-34-77661 Mcs. Matchardt S. Gardiner-Sieber Property of the state of the st Surful Poly Chost Cacher Inguit Contest Contest Contest Co.Ms. Arthurt Funcial Hame Line - La Plata Md. gen - La Statut

STATE OF MARYLAND

thro: LT desired . 12. -c-ft-VERNOUS COURSE AND THE PROPERTY OF THE PROPER Was y and charles , win coordinate of the contract Assembly Profite will covered to wantercy Account Number 1 1970, 500, 500 Paris Account National

78	1 - STA				DEPARTMENT OF		ID MENTAL H		2	1 3 3	9
	REC	SISTRAR		ME	DICAL EXAMI	NER'S CER	TIFICATE C		REG. NO.	1 0 0	
	1. DECEA	SED NAME			WIDDLE	LAST		2a. DATE OF	KNOWN X MON		25 HOUR
24.454	1		Georg	ge	Bernard		dard		MATED [- 17 -	м
36 35 M	13. SEX		4. RACE	S. DATE OF BIRTH	6 AGE (IN	YEARS IF UNDER	1 YR. IF UNDER	24 HRS. 2c. DA1	E MON	TH DAY YEAR	74 HOUR
# 35 B E		ale	White	Aug. 21	5,1901 7	9ks.	DATA	DEA	D 8		а. м
18 E. E. E.	7a. BIRTH	PLACE (ST	ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARR	IED 7. BALTI	MORE CITY OR CO	UNTY OF DEATH	
A SEE STATE			on D.C.		5.A.		DIVORC		Charles Co		MD
PAGE FILED S, 201	ID. CITY O	OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING HOA	AE, OR OTHER IN	NOITUTION	17a. USUAL OCC	JPATION (TYPE OF WO	OR INDUS	USINESS
PA P		aPlat		Physi	cian's Memo	orial Ho	spital	Printe	r	Public	ation
2020	13e STAT		13b. COUN	OR OTHER INSTITUTION, C	13c. CITY OR TOWN	SION)	INSIDE CITY LIMITS?	Rt. 1	RESS Box 1142	2-D	3/10
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TIMORI TER DE FORM SES 1 AP	16a. WAS	DECEASE	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR		NFORMANT	AO	04ADDSImps	on Land	41 113
	(YES, N	O, OR UNKNO	N/A	WAR OR DATES)	213-03-	7242 Be	eth A.	Gott Cl	inton, M	aryland	
	18	CAUSE O	F DEATH (Enter on ATH WAS CAUSE	D DV	e for (o), (b), ond (c).)			44.20 XII.	MILE COLUMN	APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEATH
W. PRESTON ST., within 24 Houf encil in ITEM 18. miner along w Transit Permit ntal Hygiene, D OR REMOVAL.	100	11 40		TE CAUSE (a)A	rterioscle		rdiovasc	cular Dis	ease		
IN 2 ALC HAY ON MOVE HAY ON MO		7	ns, If any, which	DUE TO, O	R AS A CONSEQUENC	OF					
WITH WITH RAN TAL TAL	-	gave ris	e to immediate	(b)							
		lying cou	stating the <u>under</u> - se lost.	DUE TO, OI	R AS A CONSEQUENCE	OF					
S, 2 PALECU VIO	1 124	DT 2 OTHER CL	CHIEFCANT CONDITIONS	(c)	BUT NOT RELATED TO THE TE	MININ DICE.CC DD C	AMARTIAN CONT. 10. 0.				
ITAL RECORDS, 201 W. PRESTON: HOULD BE EXECUTED WITHIN 24 H RD."PENDING". IN PENCIL IN 1TEM HIEF MEDICAL EXAMINER ALONI USED AS A BURRAL. TRANSIT PER OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL		al 2 OTHER 30	מאווונאאן נטאטוווטאט	CONTRIBUTING TO DEATE	T SUL MOL MECKLES TO THE IE	KWINAT DIZEVZE OK C	ONDITION GIVEN IN PA	IKT I (a).			
L RECOULD BE "PENDING MED AS A HEALT)	CERTIFICATION 13/10	DATE OF	OPERATION	19b. COND	ITION FOR WHICH OP	RATION WAS P	ERFORMED?			70 AUTOPS	?
₹ SSESSES	Ĕ									YES 🗆	NO X
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTED THE CRITIFICATE SHOULD BE EXECUTED PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRAL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BAITMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION,			L CAUSE WAS OR NG CAUSE OF I	216. TIME O HOUR A./ DEATH P./	M. MONTH DAY YE.		NJURY OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM 18 PART 1 O	R PART 2)	
VISION TO SERVING TO S	Q 210	I INJURY C	CCURRED	21e PLACE	OF INJURY (AT HOME,	211. LOCATI		CITY OR T	OWN	COUNTY	STATE
DI THIS (WARD PAGE 21201		WORK -	NOT WHILE C		, , , , , , , , , , , , , , , , , , , ,						
ME. TA		22a. I certi	y that I took charg	e of the rempins de	escribed obove, held on	Autopsy		n . Inquir	XX, and in m	y opinion	
N C T S	d	eoth result	ed from: Natur	rol couses XX,	Accident .	ouicide .	Homicide .	Undetermined r			
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A CHARACTER AND A STATE OF THE	(fr)	AMINER'S	VI) VII	rginia L.	Dolan, M.)ADD	RESS	I Penn S	treet		
BATARA	(SPECI	(FY)	TION, REMOVAL			EMETERY OR CR		23d. LOCATION		COUNTY	STATE
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17.4 2.0		CEASED NAME	FIRST		A.	Harr	is, Jr		20. DATE OF DEATH Augu		1 1981	25 HOUR
	3. SI	Male	4.	RACE Caucas	ian	S. DATE O		1919	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
H. H.	1	RTHPLACE (STATE OR FO COUNTRY). Vashington,	D.C.	U.S.A	WHAT COUNTRY?	8. MARRIED WIDOWE	NEVER A	MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	MD
ly filled in by the fushould be filed with	L	Plata		Physi	OSPITAL, NURSIN H FACILITY, GIVE STREET CLANS ME	norial			12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	Gov t.
hould be	130	faryland	G HOME OR OT 36 COUNTY Charl	Y	GIVE RESIDENCE BEFOR 13c. CITY OR TOW La Plata		13d. INSIDE C	NO 🗌	Route 2, 1	ox 210	09	
and 2 s	14. F	ATHER'S NAME FIRST Jesse		DDIE	Harris,	Sr.	13.1110	S MAIDEN NA/ FIRST	WIDDLE		Gi	ils
Poges 1	160.	WAS DECEASED EVER II (YES TO OR UNKNOWN)	U.S. ARMI	ED FORCES? yar or dates)	578-09-		17. INFORMA	F. Har	Route Route	2, Bo	2109 ta. Md.	
igned by the attending phen please remove corbonp burial, cremotian, ar remi	7	Conditions, if any, gove rise to imm cause (a), stating underlying cause	which ediate the last.	DUE TO, OI DUE TO, OI Ch: (c) DUE TO, OI	R AS A CONSEOU CONIC Obs R AS A CONSEQUE DOUTRIBUTING TO	ENCE OF ENCE OF	ive Lui	O TO THE TERM	ase Inal disease or con	DITION GIVE	EN IN PART 1	01
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attendir frer this os the bu h and M irked or	MED	21d. INJURY OCCURRI	E 🗆	21e. PLACE ((AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, I	34.34	211. LOCATION STREET	1	CITY OR TO		COUNTY	STATE
the hospitol or AL DIRECTOR: Af eroched for use or the Dept. of Health T: If them 21 is mo		72a I certify that (II) saw the decease above (I Associated SIGNATURE					DEGREE		, to July 1 death occurred on the di	ate and hour		
d by INERA		22d. PHYSICIAN'S NA			M D	1 /6	22e. ADDRES	SS	vov Rd. Cl		Md.	1

DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

Burial

8/14/81

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Arlington Nat'l. Cem.

23d. LOCATION
CITY OR TOWN
Arlington

COUNTY

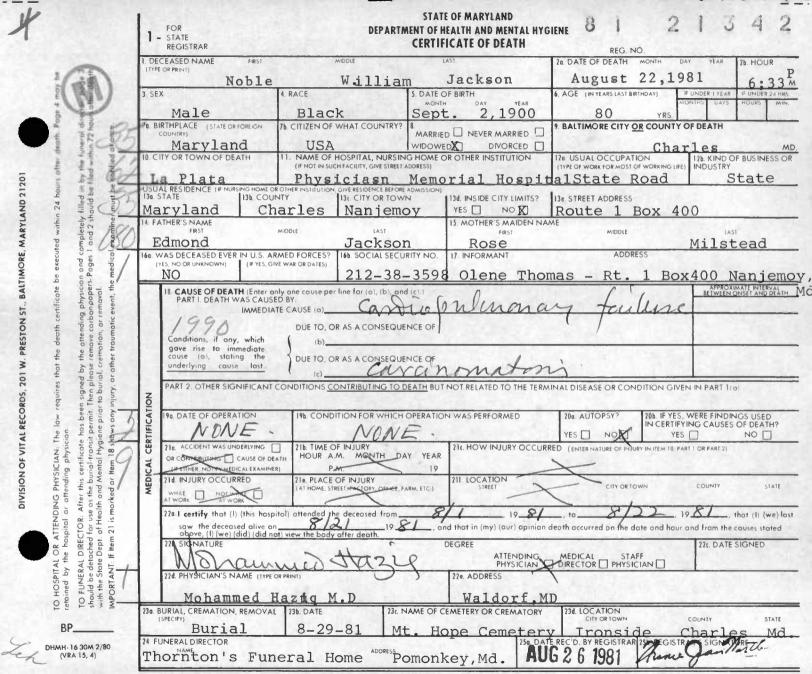
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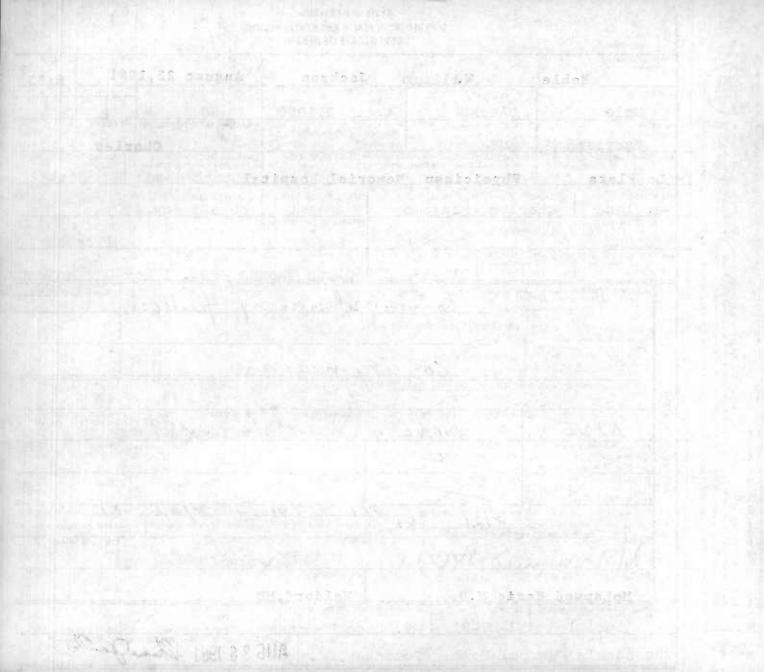
George P. Kalas Funeral Home Oxon Hill, Md. 6160 Oxon Hill Rd.

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FOR STATE			DEPARTMENT OF H		ENTAL HYGIEN		2 1	3 4	
REGISTRA		ME	DICAL EXAMINE	R'S CERTIFIC	CATE OF DEA	KLC	3. NO.		
(TYPE OR PRINT)	IAME FIRST			LAST		20 DATE KNOW	HTHOW MONTH	DAY YEAR	2b. HOUR
				Hart		DEATH MATER	_	31 1981	M
1. SEX	4. RACE	5 DATE OF BIRTH			IF UNDER 24 HRS.	2c. DATE	HTMOM	DAY YEAR	26 HOUR 5: 10 P M
Male	White	Oct. 2	,1933 47 YRS		MIN.	DEAD	8	31 1981	PM
		76. CITIZEN OF W	HAT COUNTRY?	MARRIED NE	ER MARRIED	9. BALTIMORE CI	TY OR COUN	ITY OF DEATH	7.5
Mary]	land	U.	S.A.		DIVORCED 🔀				MD.
		(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)		FOR A	MOST OF WORKING LIFE!	(TYPE OF WORK	12b KIND OF BU OR INDUST	SINESS
		Physici	ans Memorial	Hospital	P	lumber		Contra	ctor
130. STATE	13b COUN	1TY	13c. CITY OR TOWN		TY LIMITS? 130. STR	EET ADDRESS			
		rles	La Plat	a YES 🗆			Box 12	201H	
14. FATHER'S NA	AME	WIDDLE	LAST	15. MOTHE	R'S MAIDEN NAME	MIDDLE		LAST	
Johr	n W Wesle	y Hart		V	iola Vi	rginia :	Pullia	am	
YES, NO, OR UN	ASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)		NO. 17 INFORM	AANT	ADDI	RESSRt. #	#1 Box	
Yes				91 Nora	M. Wel	ch I	ndian	Head, M	d.
18. CAUS	E OF DEATH (Enter or	nly ane cause per lin							
a land		TE CAUSE (a)			hy				
781	21		R AS A CONSEQUENCE OF	F					
gave	rise to immediate	(b)						C ALCOHOL:	
		DUE TO, OF	R AS A CONSEQUENCE OF	F					
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Ď	Fract					nary emb	oli		
Y IVO. DATE	OF OPERATION	196. COND	ITION FOR WHICH OPERA	TION WAS PERFORA	MED?			20 AUTOPSY	
E								YES X	NO 🗌
42 FATE			E to difference	Table 1					
	RNAL CAUSE WAS	HOUR +	MONTH DAY YEAR		OCCURRED IENTER N				
	ING OR UTING CAUSE OF	HOUR 44	MONTH DAY YEAR A. 8/30/19 81	passeng	occurred lenter n				
UNDERLY CONTRIB	ING OR UTING CAUSE OF	DEATH 12: Q5	MONTH DAY YEAR A. 8/30/19 81 OF INJURY (ATHOME.	passeng	er in aut	o/auto in	npact	ART 2)	
UNDERLY CONTRIB	ING OR UTING CAUSE OF	DEATH 12: Q5	MONTH DAY YEAR A. 8/30/19 81	passeng		o/auto in	npact		Md.
WHILE AT WORK	ING OR UTING CAUSE OF RY OCCURRED NOT WHILE AT WORK	DEATH 12: 05 21e PLACE STREET, FAC	MONTH DAY YEAR A. 8/30/19 81 OF INJURY (ATHOME.	passeng	er in aut	o/auto in	npact	ounty larles	
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	I. SEX Male 70. BIRTHPLACE FOREIGN COUNTY 10. CITY OR TO' LaP I USUAL RESIDEN 130. STATE 14. FATHER'S N. FIRST JOHN 160. WAS DECE. (YES, NO, OR UN YES 18. CAUS PART Concegave coust lying PART 2 01H	Rober 1. SEX Male Mite White 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH Laplata USUAL RESIDENCE (IF IN NURSING MOME FIRST) Md. Cha 14. FATHER'S NAME FIRST John Wesle 160. WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) Yes Kor 18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT (ONOITIONS	I. SEX Male Vhite Oct. 2 70. BIRTHPLACE (STATEOR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH Laplata Usual residence (IF IN NURSING HOME OR OTHER INSTITUTION, CITY COUNTRY) Md. Charles 14. FATHER'S NAME FIRST JOhn Wesley Hart 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes 18. CAUSE OF DEATH (Enter anly ane cause per lin PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH	ROBERT HAROLD 1. SEX 4. RACE Male White Oct. 2, 1933 47 RS 70. BIRTHPLACE (STATEOR FOREIGN COUNTRY) 70. BIRTHPLACE (STATEOR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH LaPlata U.S.A. 11. NAME OF HOSPITAL, NURSING HOME. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Physicians Memorial USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMESSION 130. STATE 13. STATE WESLEY HART 14. FATHER'S NAME FIRST JOHN Wesley Hart 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMIN	ROBERT Harold Hart 1. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY VEAR 4. RACE Month Oct. 2, 1933 4. TYRS. 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SUCH FACILITY, GIVE STREET ADDRESS) Physicians Memorial Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE ESTREET ADDRESS) Physicians Memorial Hospital 130. STATE 131. CITY OR TOWN Charles 14. FATHER'S NAME FIRST JOHN Wesley Hart 15. MOTHE (IF YES, ON, OR UNKNOWN) YES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) YES, GIVE WAR OR DATES) KOrea 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONDITIONS CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONDITIONS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONDITIONS 1. SEX A. ACCE (IF NOT PEARLS BY MARRIED NEW MIDDRE WIDDRE NEW MIDDRE LAST 13. MOTHE FINAL 15. MOTHE FINAL 16. SOCIAL SECURITY NO. 17 INFORM OUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO THE TERMINAL DISEASE OR CONDITIO	Robert Harold Hart 1. SEX	DECEASED NAME	LDECEASED NAME FRST MIDDLE LAST 126 DATE KNOWN MONTH PRAT MIDDLE MINITED 8 NOTE MINITED 126 LITE MONTH PRONOUNCED 8 NOTE MINITED 126 LITE MONTH PRONOUNCED 126 LITE MONTH PRONOUNCED MINITED MINI	LAST ROBERT ROBERT ROBERT Harold Hart LAST ROBERT ROBERT Harold Harold

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STATE OF MARYLAND

13 1-110 15 1-1/2 10 105 10

>	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 1 3 4 5
	CERTIFICATE OF DEATH
-/	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
2 10.10	Ana Priscilla Lorenzo Cug 19, 1981 (50)
1 (40)	2 SEY A DACE CONTROL OF BOTH A AGE (BAY SO LAST RIGHMAN) IF INDEPLIYED IF INDEPLIYED
	Female Puerto Rican July 15, 1926 55 YRS. MONIHS DAYS MONIH DAYS
The state of the s	TO BIRTHPLACE ISTATE OF FOREIGN 17th CITIZEN OF WHAT COUNTRY? 8/
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Puerto Rico V Puerto Rico V WIDOWED DIVORCED Charles
5 4 5 P	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS.
Sold and sold	La Plata CIPROT IN SUCH FACILITY, GIVE STREET ADDRESS) CITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Own Home
J in be t	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN \$130. INSIDE CITY LIMITS? 130. STREET ADDRESS
AND 2	Md. Charles Newburg YES NO X 506 Valley Lane
othin athin	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME
MAR ed w	Casiano Lorenzo Benigna Caro
MORE, and co Poges 1	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT 45056 Bell Blvd.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours rethending physicion. We have a completely filled in by the ottending physicion and completely filled in by so she buriol-trousit permit. Then please remove carbon papers. Pages 1 and 2 should be filled to hand Marrial Hygiene prior to burial, cremation, or remackol. The death of the medical against a purial cremation, or remackol.	No 127-22-4515 Luis Castillo Bayside, N.Y. 11361
ficore k ficore k papers navol.	18. CAUSE OF DEATH (Enter only one couse per lips for (q), (b), ond (c).) PART I. DEATH WAS CAUSED BY:
ST., BAL rtificate g physicia onpaper emavol.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmonaeu Calena
ON S ding arbo or re	4100 DUE TO, ORAS A CONSEQUENCE OF
e death ce othendin move carb totion, or troumotic	Conditions, if any, which (b) Cleate Importantial Injuries
the cemorer tree	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF
01 W. P	underlying cause last.
ires the name of name	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
RDS, 2	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 100. ACCIDENT WAS UNDERLYING 210. AC
aw re aw re s been rmit. I prior ony ii	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITALR No. The I hysicion. Icote hos ronsit pe Hygiene 18 shows	YES NO YES NO
G PHYSICIAN: T offending physician this certificate is the buriol-transition ond Mental Hygi is and Mental Hygi wed or Item 18 sh	an construction of Course of contract to the Course of C
PHYSICIAN: ending physic this certificat the buriol-from and Memical Hysical	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH
HY ndin	21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
DIVISION OF PLANT OF After 14 e os the olth ond marked	WHILE NOT WHILE AT WORK AT WORK
B S S E	220.1 certify the (1) (this hospital) attended the deceased from
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O HOSPITAL TO FUNERAL Should be de with the Storic MAPORTANT:	Henry Burke M.D. La Plata, Maryland 20646
Sp.	236. BURIAL, CREMATION, REMOVAL 1236. DATE 236. NAME OF CEMETERY OR CREMATORY 1234 LOCATION
BP	(SPECIFY) CITY OR TOWN COUNTY STATE
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STATE OF MARYLAND

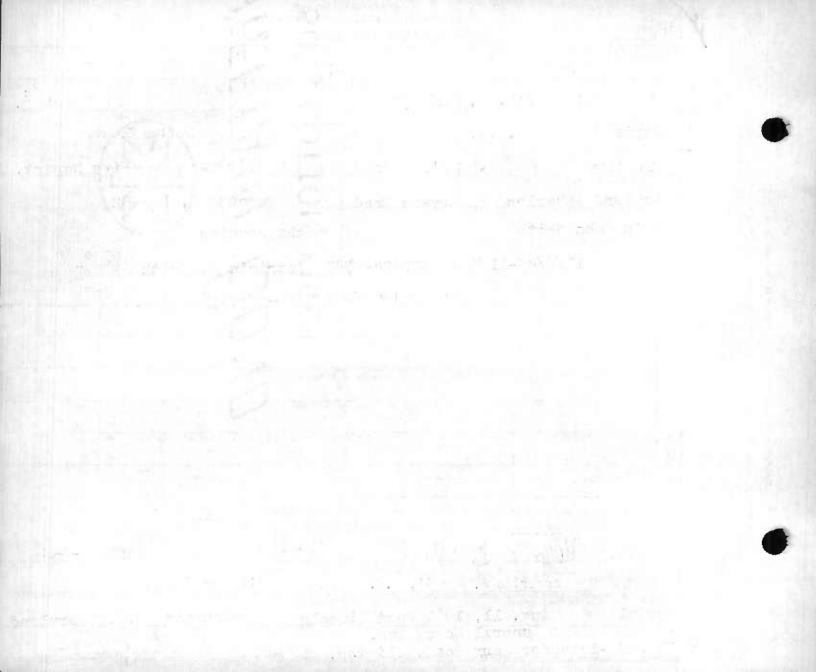
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	FOR	DEPA	STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL HYC	HENE & I	2 1 0	5 4 6
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	Female	Caucasian	Jan. 16 1894	87	YRS.	
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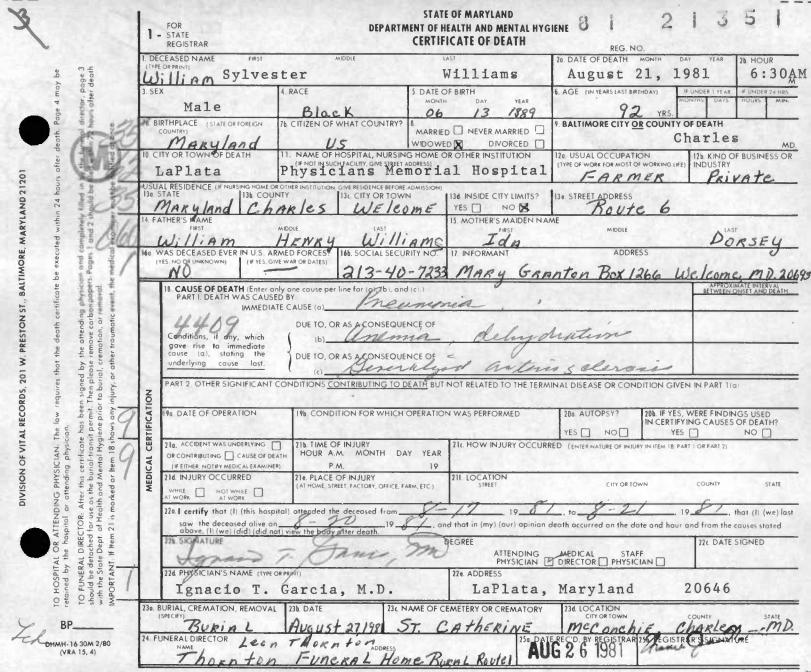
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	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1 3 5 2
7.7		CEASED NAME FIRST	WIODLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR A N
o o o	(1116	James	Oliver \	Wright	August 15 .	1981 10:04
	3. SEX	(RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	White	October 21, 1912	68 _{YRS.}	
925		RTHPLACE (STATE OR FOREIGN) UNTRY) UNTRY)	LOUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
0)		*	U.S.A.	WIDOWED DIVORCED	Charles Co	
Officed	10 CI	La Plata	LIF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) emorial Hospital	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LI	
be no	USUA	AL RESIDENCE (# NURSING HOME OR C	THER INSTITUTION GIVE RESIDENCE BEFORE	AOMISSION)	Mail Carrier	Employed
A Salah		ryland Char			Rt. 1.Box 420) Indian Hose
iner	_	THER'S NAME		15 MOTHER'S MAIDEN NAM	ME	Indian Head
oxow ^		James J. Wr	ciaht	Flora	Jane Bowie	LAST Md.
10 7		AS DECEASED EVER IN U.S. ARM			1, Box 42055, In	dian Head Md.
E	N		578-48		Wright-Wife	azan nead,na.
s remove corbon pope (remotion, or removol her troumotic event, t		PART I. DEATH WAS CAUSED Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	1 2 2 2 2 2 2	de Myorandich	Infanction deroses.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 PAMER ON SET AND DEATH
rgiene prior to burio), cren shows ony injury, or other	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	TV. COLOTTION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
em 18 s		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA		RED JENTER NATURE OF INJURY IN ITEM 18, I	PART I OR PART 2)
ked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use o . of Heolth n 21 is mod		220.1 certify that (I) (this hospital sow the deceased alive an above. (II) we I did (did not)	219 19		deoth occurred on the date and hou	19 thor (I) (we) lost our and from the couses stated
should be detoched with the Stote Dept.		228 SIGNATURE 228 PHYSICIAN S NAME (TYPE OR)	PRINT) A MISS	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	THE DATE SIGNED
APO APO		1 CVC/10	CHILL	01129 311 45	this on ka	SURVE
, 5	23c. B	urial, ¢remation, removal pecify) urial		name of CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN THE NEW YORK CITY OF TOWN THE NEW YORK THE N	County STATE Charles .Md.
A 7/77 4))		neral director rehart Funera	al Home, Inc	250 PAU		S SIGNATURE

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Charles County			A.Z.U	bns PynsK
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